

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jan 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F92000000486 (2)**

1. Corporation Name  
**MIDWESTERN PIPELINE SERVICES, INC.**



Principal Place of Business

**1901 N 170TH E AVE  
 TULSA OK 74116  
 US**

Mailing Address

**1901 N 170TH E AVE  
 TULSA OK 74116-4925  
 US**

3. Date Incorporated or Qualified  
**12/04/1992**

3a. Date of Last Report  
**03/06/1996**

2. Principal Place of Business

21  
 Suite Apt. #, etc.

22  
 City & State

23  
 Zip

25  
 Country

2a. Mailing Address

26  
 Suite Apt. #, etc.

27  
 City & State

28  
 Zip

30  
 Country

4. FEI Number  
**73-1409478**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00 May Be  
 Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRISON, MICHAEL T</b>	
STREET ADDRESS	<b>1901 N 170TH E AVE</b>	
CITY - ST - ZIP	<b>TULSA OK</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>POYAS, JOHN L</b>	
STREET ADDRESS	<b>1901 N 170TH E AVE</b>	
CITY - ST - ZIP	<b>TULSA OK</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>CARLSON, RONALD E</b>	
STREET ADDRESS	<b>1901 N 170TH E AVE</b>	
CITY - ST - ZIP	<b>TULSA OK</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MCNEW, RUSSELL E.</b>	
STREET ADDRESS	<b>1901 N 170TH E AVE</b>	
CITY - ST - ZIP	<b>TULSA OK</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Russell E. McNew*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)